VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

August 17, 2016

Ms. Sandra Merkle, Manager
Thompson Residential Home
80 Maple Street
Brattleboro, VT 05301

Dear Ms. Merkle:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 13, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0156	A. BUILDING: _____ B. WING _____	07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMPSON RESIDENTIAL HOME	80 MAPLE STREET BRATTLEBORO, VT 05301

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R100	Initial Comments: An unannounced onsite re-licensure survey was conducted by the Division of Licensing and Protection on 7/12 and 7/13/16. The following regulatory violations were cited.	R100		
R111 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 5.2.c The home must provide each resident with information regarding how to contact the Long Term Care Ombudsman, Vermont Protection and Advocacy, Inc. or the Vermont Senior Citizen's Law Project. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide accurate information to the residents regarding contacting the Vermont Protection and Advocacy. Findings include: During the initial tour of the facility it was noted at 8:05 AM that the address and phone numbers posted for the resident information for contacting the Division of Licensing of Protection were inaccurate. The Registered Nurse confirmed the incorrect information at the time of finding.	R111	All information on required postings was corrected. Manager or designee will update information for changes and as notified by State and Federal agencies. Information will be checked monthly by the Manager and reported to the Administrator quarterly.	7/13/16 8/12/16 and ongoing 8/12/16 and ongoing
R134 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission,	R134	Admission Assessments completed for residents #'s 3, 6, 7, and 8 utilizing the correct form designated by the Department. All resident charts were reviewed for	8/5/16

R111 - R9999 POC's accepted 8/17/16 BBoAcRN/pmw

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R134	Continued From page 1 consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that an assessment was completed within 14 days of admission for 4 of the 5 residents in the sample, Residents # 3 , 6, 7 and 8. Findings include: 1.) During record review Resident #8 was re-admitted to the facility on 4/1/15 and there was no evidence of an admission assessment being completed. Confirmed by the Registered Nurse (RN) at 4:10 PM on 7/12/16 that the assessment was not completed. 2.) Resident # 7 was admitted on 10/23/13 and the admission assessment was not completed until 5/5/14. Confirmed by the RN on 7/12/16 at 4:10 PM that there is no evidence of the admission assessment being completed. 3.) Resident #6 was transferred to the residential care home from the skilled nursing home, which is housed in the same building, on 1/13/16 and there is no admission assessment for the resident. The RN confirmed at 11:55 AM on 7/13/16 that there was no assessment completed and further stated that s/he was unaware of the need to complete the assessment because the resident was transferred from the nursing home. 4.) Resident #3 was admitted to the facility on 11/30/15 and there is no evidence that the facility	R134	Admission assessments, and if necessary, had the correct admission assessment form completed by the RN and filed in the record. All charts will be reviewed quarterly by the RN or designee. All new admissions will be reviewed within two weeks for complete admission assessments. Any missing admission assessments will be reported to the Manager quarterly.	8/5/16 8/5/16 and ongoing

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R134	Continued From page 2 completed an admission assessment. The RN confirmed at 4:40 PM on 7/12/16 that there is no evidence of the initial assessment being completed and that s/he has not done any assessments on the residents since s/he became manager of the home.	R134		
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to annually reassess 3 of 5 residents in the Stage 2 sample, Resident #5, 7 and 8. Findings include: During record review for the sampled residents on 7/12/16, there was no evidence that Residents #5, 7 and #8 had an annual assessment completed. Resident #5 last assessment was completed 5/16/14. Resident # 7 last assessment was completed 5/5/14 and Resident #8 was admitted 4/1/15 and did not have an annual assessment and did not have an annual assessment. Confirmation received from the Registered Nurse at 4:40 PM that annual assessments have not been completed for the residents.	R136	Re-assessments were completed for residents #'s 5, 7, and 8 utilizing the form designated by the Department. All residents' charts were reviewed for re-assessments, and if necessary, had the correct re-assessment form completed and filed in the patient chart. All charts will be reviewed quarterly by the RN or designee. All resident charts will be updated yearly or upon significant change. Any missing re-assessments will be reported tot he Manager.	8/5/16 8/5/16 8/5/16 and ongoing

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R140	Continued From page 3	R140		
R140 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that physicians' orders obtained via telephone were countersigned by the physician/licensed practitioner within 15 days of the date the order was given. Findings include: Review of Resident #5 medical record on 7/13/16 it was found that a telephone order was taken 2/24/16 for clarification of an order for Renvela. The order stated that Renvela one tab (tablet) po (by mouth) with each meal t.o (telephone order) Dr. (doctor) Plager. The Medication Administration Record indicates that the Revela one tablet has been administered since 2/24/16. The order was not signed until 5/31/16 and the Licensed Practical Nurse confirmed, at time of discovery, that the order was from a Dr. at dialysis and that it often takes months to get them signed and returned.	R140	RN followed up with MD at Dialysis Clinic regarding late signature for resident #5, document was signed on 5/31/16. All telephone orders will be sent out for signature, and reviewed bi-weekly by the RN or designee for completion. Any identified issues with MD compliance will be reported quarterly to the Manager.	8/5/16 8/5/15 and ongoing 8/5/16 and ongoing
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs	R145	RN completed the care plan for resident #6. All resident charts were reviewed for the presence of up-to-date care plans. When necessary, care plans were updated.	8/5/16 8/5/16

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R145	Continued From page 4 as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop written plans of care for 1 of 5 residents, Resident #6. Findings include: Record review for Resident #6 failed to provide evidence of a written plan of care. The Registered Nurse confirmed on 7/12/16 at 4:40 PM that there was no care plans for the resident. S/he further stated that the staff knew the resident because s/he had been transferred from the nursing home, but confirmed that the care plans from the nursing home were not utilized and do not reflect the current status of the resident.	R145	Resident charts will be reviewed quarterly by the RN or designee for updated care plans. Any missing or out-of-date care plans will be reported to the Manager quarterly.	8/5/16 and ongoing
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to have supporting diagnosis for 1 of 5 residents, Resident #6 for a medication that was being administered. Findings include:	R162	RN obtained diagnosis for resident #6 and noted in chart. All residents' charts were reviewed to ensure the presence of appropriate diagnoses for antipsychotic medication use. Resident charts will be reviewed quarterly to ensure ongoing compliance. Results will be reported to the Manager quarterly.	8/10/16 8/5/16 8/5/15 and ongoing

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R162	Continued From page 5 Per record review, Resident #6 is receiving Seroquel (an antipsychotic that is used for schizophrenia; Bipolar 1 Disorder, Mania; Bipolar 2 Disorder, depressive episodes) 300 mg at hour of sleep (HS). Per interview with the Registered Nurse (RN) the medication had been ordered before his/her admission to the Residential Care Home and s/he stated that they are not sure why it is being given. The RN confirmed on 7/12/16 at 4:40 PM that the resident doesn't have any diagnosis that fit the criteria for the use of the Seroquel.	R162		
R165 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff	R165	All residential care facility MAT staff have been instructed, monitored, and evaluated for proficiency in medication administration and process. Residential care facility staff will be reviewed annually for proficiency in medication administration. Reviews will be included in the employee performance evaluations annually.	8/3/16 8/3/16 and ongoing

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R165	Continued From page 6 performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that 2 (two) staff members that are delegated to administer medications are monitored and evaluated in performance in carrying out the nurses's instructions. Findings include: During an interview with the Registered Nurse (RN) on 7/12/16 at 11:14 AM, s/he stated that the medication delegation training was provided by an RN. S/he further stated that the staff that administer the medications are Licensed Nursing Assistants (LNA), Licensed Practical Nurses or RNs. S/he stated that the LNAs are very competent and s/he feels as if they know what they are doing and further stated that s/he has not evaluated or monitored their performances.	R165		
R168 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (6) Insulin. Staff other than a nurse may administer insulin injections only when: i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and	R168	All residential care facility MAT staff were instructed, monitored, and evaluated by the RN in the areas of Diabetic education, blood sugar testing, and insulin administration. All residential care facility MAT staff will be reviewed by the RN annually and upon hire. These reviews will be reviwed by the Manager and included in the employee performance evaluations.	8/8/16 8/8/16 and ongoing

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R168	Continued From page 7 ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide additional training in the administration of insulin to medication delegated staff. Findings include: During review of medical delegation training for 2 (two) medication delegated staff, there was no evidence that there has been additional training for the administration of insulin. Confirmation from the Registered Nurse (RN) on 7/13/16 at 11:25 AM, that there is no documentation of the training provided to the medication delegated staff. S/he further stated that the staff received training from a RN that works in the facility, but nothing has been documented and there is no evidence of what was taught to them.	R168		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the	R171	Monitoring was implemented byt he RN for resident #6 for side effects related to antipsychotic medication use. Behavioral logs will be updated to contain a component for medication side effect monitoring. All residential care facility MAT staff will be instructed and evaluated	8/5/16 8/10/16

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R171	Continued From page 8 medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that 1 resident of 5 that receives psychoactive medications, Resident #6, had monitoring for side effects. Findings include: Resident #6 receives Seroquel 300 mg (antipsychotic medication) at hour of sleep and there is no documentation of side effect monitoring. Per interview with the Registered Nurse on 7/13/16 at 11:55 AM, s/he stated that there is no monitoring being done for the side effects of the medication and that only monitoring is being done for the behaviors.	R171	by the RN quarterly, and upon hire, on the process and the importance of monitoring for side effects, and the use of behavioral logs.	
R188 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2)	R188	Funeral home arrangements were updated for residents #'s 5 and 6	8/10/16

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R188	Continued From page 9 A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have information for 2 of 5 residents, Resident # 5 and 6, regarding instructions in the case of a resident's death. Findings include: During record review, Resident #5 and 6 did not have instructions in case of death listed in their medical record and per interview with the house manager, registered nurse, s/he did not have any information for funeral homes or any other instructions in the event of death for Resident #5 and 6. Confirmation was made at the time of discovery on 7/12/16 at 4:40 PM.	R188	All residents' charts were reviewed for complete information on their face sheet, including instructions in the event of death. Charts were updated as necessary. All resident charts will be reviewed yearly by the RN or designee during re-assessments for verification of noted arrangements. Resident charts will be reviewed quarterly by the Manager or designee for complete information on the face sheet, including arrangements in the event of death.	8/05/16 8/10/16 and ongoing 8/10/16 and ongoing
R189 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3)	R189	Annual assessment completed for resident #3. Physician statement found for resident #3 in thinned record and returned to chart.	8/5/16 8/9/16

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R189	Continued From page 10 For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have complete and accurate records for 5 of 5 residents in the sample. Resident #3, 5, 6, 7 and 8. Findings include: 1.) Record review of Resident #3 presented with no evidence of an initial assessment, annual assessment and there was no physician admission statement. The Registered Nurse (RN) confirmed on 7/13/16 at 1:00 PM that the medical record was incomplete. 2.) Review of the record for Resident #5 presented with no evidence of an admission physician statement, there was a note attached to the record that stated the chart had been thinned on 6/1/15. The RN confirmed at 1:00 PM that the information was not in the record and stated that s/he was unable to locate it. The RN also confirmed that the initial admission assessment and annual assessments were also not in the record. 3.) Resident #6 did not have an initial admission assessment and did not have any written plans of care. Confirmation obtained from the RN on 7/13/16 at 1:00 PM. The RN stated that the	R189	Annual assessment completed for resident #5. Physician statement found in thinned record for resident #5 and returned to chart Assessments and plans of care completed for residents #'s 6, 7, and 8. All resident charts were reviewed for presence of annual assessments and complete plans of care. No other omissions noted. All resident records will be reviewed quarterly for (1) assessments completed annually, upon admission, and following a significant change (2) up to date care plans, and (3) physician statements. Results to be reported quarterly to the Manager.	8/5/16 8/10/16 8/10/16 8/10/16 8/10/16 and ongoing

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R189	Continued From page 11 resident did not have any of the necessary initial information completed when s/he was transferred from the nursing home to the residential care home. 4.) Resident #7 did not have an initial assessment, a written plan of care and there was no evidence of an annual assessment. Confirmation from the RN at 1:00 PM on 7/13/16 that the record doesn't contain the required information. 5.) Record review for Resident #8 did not have evidence of an admission assessment, no written plan of care and no annual assessment and the RN confirmed this finding on 7/13/16 at 1:00 PM.	R189		
R221 SS=A	VI. RESIDENTS' RIGHTS 6.7 Residents may manage their own personal finances. The home or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have in writing from 1 of 5 residents, Resident #5, a request to manage their	R221	Permission re-obtained and documentation completed for facility to manage funds for resident #5. All resident financial folders were reviewed and found complete for documentation for facility management of funds, when requested. All resident financial folders will be reviewed annually and at time of admission by Manager or designee for documentation with results reported to the Manager.	8/5/16 8/9/16 8/9/16 and ongoing

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0156	A. BUILDING: _____ B. WING _____	07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMPSON RESIDENTIAL HOME	80 MAPLE STREET BRATTLEBORO, VT 05301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R221	Continued From page 12 finances. Findings include: Per staff interview and record review on 7/12/16, the facility failed to have in writing from Resident #5, a request to have the facility manage his/her finances. Per interview with the administrator at 2:15 PM, Resident #5 had declined to have the facility handle his/her finances initially, but then changed his/her mind and the facility now manages the finances. The administrator confirmed at this time that the facility should have reviewed the financial agreement with the resident and have it signed at the time the change occurred.	R221		
R230 SS=A	VI. RESIDENTS' RIGHTS 6.18 The enumeration of residents' rights shall not be construed to limit, modify, abridge or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen. A summary of the obligations of the residential care home to its residents shall be written in clear language, large print, given to residents on admission, and posted conspicuously in a public place in the home. Such notice shall also summarize the home's grievance procedure and directions for contacting the Ombudsman Program and Vermont Protection and Advocacy, Inc. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to provide enumeration of the residents rights in a written, clear language for 1 of 5 residents, Resident #5. Findings include:	R230	RN reviewed resident rights verbally with resident #5. VT Association for the Blind was contacted and job for Braille - type resident rights notification was initiated. Until this is received and posted, RN or designee will offer the reading of resident rights to resident #5 weekly, with results noted in chart.	7/14/16 8/5/16 and ongoing

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	0156	A. BUILDING: _____ B. WING _____	07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMPSON RESIDENTIAL HOME	80 MAPLE STREET BRATTLEBORO, VT 85301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R230	Continued From page 13 Per interview with Resident #5, s/he stated that she was totally blind and his/her record review presents that s/he has been blind since birth and s/he reads in Braille. During discussion of the presentation of the residents rights from the facility, s/he stated that she did not receive any information in Braille and s/he had to trust what was being read to him/her and then s/he signed on the paper where they guided his/her hand. The Administrator of the facility confirmed at 8:30 AM on 7/12/16, that the facility did not provide information for the resident in Braille and that all information was read to him/her by the social worker and the resident signed acceptance.	R230		
R248 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that all work surfaces and equipment were cleaned after each use. Findings include: On 7/13/16, during a tour of the kitchen at 8:00 AM, while accompanied by the assistant food service director (FSD), it was observed that the stove and oven used for cooking were dirty and had a build up of grease and food particles and dust on the door handles of the oven. The	R248	Stove, hood, and oven cleaned thoroughly. Total kitchen cleaning completed 8/1/16 and continuing. Log of hood cleaning initiated and maintained by Dietary Suprvisor. Monthly sanitation audits initiated with results reported quarterly to the Manager.	7/22/16 and ongoing

Division of Licensing and Protection

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THOMPSDN RESIDENTIAL HOME	80 MAPLE STREET BRATTLEBORO, VT 05301

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R248	Continued From page 14 assistant FSD stated that the hoods over the stove are cleaned every couple of weeks, but wasn't sure of the actual date it was last cleaned. There was a build of grease and dust on the globes of the lights on the hood and the vents had dust and grease build up. The assistant FSD said that the build up is probably from the pollen and stated that there is a lot of pollen that gets into the kitchen at this time of the year when the door is opened. The overall appearance of the kitchen was dirty and the FSD, joined the tour at 8:10 AM and stated that the kitchen looked dirty and had grease build up. He further stated that "the kitchen should be hauled out and thoroughly washed down."	R248		
R299 SS=F	IX. PHYSICAL PLANT 9.10 Life Safety/Building Construction All homes shall meet all of the applicable fire safety and building requirements of the Department of Labor and Industry, Division of Fire Prevention. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, the facility failed to meet the requirements set forth by the Department of Labor and Industry, Division of Fire Prevention, National Fire Protection Association 101 Life Safety Code, Chapter 33 regarding evacuations during fire drills. Findings include: Review of the facility's log for conducting fire drills presented that the fire drills did not include evacuation of the residents. Interview with the	R299	Facility emergency plan and fire drill procedure were submitted to Fire Marshal Brian Johnson. Fire Marshal notified us that he is meeting with his supervisor to review the emergency plan for renewed approval or change. Fire Marshal indicated that the Emergency Plan will be changed or approved by 9/1/16, following that meeting. All residents will be assessed for the method of evacuation in that plan. The facility will retain only those residents who can follow the emergency plan.	8/5/16 8/10/16 and ongoing 9/1/16 9/5/16 and ongoing

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THOMPSON RESIDENTIAL HOME	80 MAPLE STREET BRATTLEBORO, VT 05301

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R299	Continued From page 15 manager of the facility and the administrator of the nursing home confirmed that evacuations are not conducted and the policy is to have the residents stay in place. The administrator stated that the fire department had approved the evacuation plan in the event of disasters, review of the plan presented that it was last reviewed in 1985 and that no one has spoken with the fire department about being able to hold residents in place and s/he confirmed at 10:10 AM on 7/12/16 that there was nothing in writing and there have been no evacuations of residents during fire drills.	R299		
R314 SS=C	XI. RESIDENT FUNDS AND PROPERTY 11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide quarterly statements to 5 of the 5 residents in the sample. Findings include: Review of the financial statements for a sample of 5 residents, Residents #1, 2, 3, 4 and 5, there was no evidence of quarterly statements provided to the residents. Confirmation was obtained from the Registered Nurse at 2:23 PM on 7/12/16 that statements had not been sent to the resident.	R314	Quarterly statements for residents #'s 1, 2, 3, 4, and 5 were reviewed for documentation of permission to handle funds, if requested, and for documentation of the notification of the resident (in addition to the identified financial representative. All resident financial folders will be reviewed annually and at the time of admission by the Manager or designee with results reported to the Manager quarterly.	7/29/16 7/29/16 and ongoing
R999 SS=C	MISCELLANEOUS	R999		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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R999	Continued From page 16 4.14.f The home shall make written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and telephone number of the licensing agency. This requirement is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to have the written reports from inspections readily available to the residents and to the public in a readily accessible place. Findings include: Survey results of past surveys were not located during the initial tour and when the staff were asked at 1:39 PM where the survey results were, the Licensed Nursing Assistant produced a binder that was located on a counter behind the nursing home nursing station that had several other notebooks and it contained the survey results for the nursing home surveys and the April 2014 survey for the RCH. Review of regulation 4.14.f with the Registered Nurse regarding the requirement for written reports to be available, s/he confirmed at 2:20 PM, that the results of the 7/8/14, 2/10/15 and 11/12/15 surveys were not present in the binder. S/he further confirmed that the survey results were not posted and readily available for residents without them having to ask to see them.	R999	Surveys obtained from DLP website and posted. 7/8/14 and 11/12/15 surveys were not available on DLP website. RN will work with the Department to obtain and post those surveys. Survey postings will be reviewed quarterly by the Manager or designee with errors or omissions reported quarterly to the Manager.	8/5/16 8/10/16 and ongoing

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R999	Continued From page 17	R999		
	4.13.b Whenever the authority is vested in the governing board of a firm, partnership, corporation, company, association or joint stock association, there shall be appointed a duly authorized qualified manager, however named, who will be in charge of the daily management and business affairs of the home, who shall be fully authorized and empowered to carry out the provisions of these regulations, and who shall be charged with the responsibility of doing so. The manager of the home shall be present in the home an average of 32 hours per week. The 32 hours shall include time providing services, such as transporting, or attendance at educational seminars. Vacations and sick time shall be taken into account for the 32-hour requirement. In the event of extended absences, an interim manager must be appointed. This requirement is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to have a house manager for a minimum of 32 hours a week as required by regulation 4.13.b. Findings include: Review of the posted licensing for the facility presents the Registered Nurse (RN) as being listed on the license. Interview with the Registered Nurse on 7/12/16 at 11:12 AM, s/he confirmed that s/he works for about 20 hours a week and that his/her time is divided between the nursing home and the residential care home (RCH). The RN further stated that s/he dedicates about 7 hours a week to the RCH and doesn't work 32 hours a week.		Dane Rank will notify the Department of his status as Manager for the Residential Care Facility. 8/15/16 The Manager will notify the Department that Sandy Merkle will be the temporary RN until the RN who has already been hired for that position is fully trained and ready to start. 8/15/16	